Secretary of State Adult Volunteer Literacy Program VOLUNTEER INFORMATION FY2021

			Ī		OFFICE USE O	NLY	
Date				Initial trainin	ng date		
Name		<u> </u>		Initial traini	ng hours		
Address		City	/		State	Zip	
Contact Phone # Contact Phone #							
May I send you text messages?							
E-mail							
AVAILABILITY Available times for volunteering: (Place an "X" in the box for the day and time slots you are available)							
Times	Monday	Tuesday	Wedn	esday	Thursday	Friday	
9 am-12 pm							
12 pm-6 pm							
6 pm-8:30 pm							
Available for sum Yes No			A	vailable for Yes	Saturday tutoring: No May	be	
TUTORING SITES							
Choose all that in	terest you: Stephenso	on Ctv. Iail		tockton	Mt C	Carroll	
Lena	Orangevill	•		alena	<u> </u>	anna	
Davis	Forreston	C		/arren		atonica	
Pearl City	Mt Morris			anover	Lana		
,							
VOLUNTEER OPPORTUNITIES Choose all that interest you:							
Type of Tutoring Tutor only 1 student: plan lessons using materials provided by coordinator							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tutor a variety of classroom students: use materials provided by instructor						
	Tutor virtually using Zoom						
Reading	Low level (alphabet, phonics, sight words, comprehension, and writing)						
_	Intermediate level (fluency, comprehension, grammar, vocabulary, and writing)						
Writing	Grammar, punctuation, and essays						
Math	Percents, decimals, reasoning skills, geometry, and algebra						
ESL	English Language Learners						
Two qualifications that are vital for this program are academic competence and a genuine regard for others. Please sign if you feel you possess these qualities.							
Sign							

DECLUDED INFORMATION FOR NEW THTOPS							
REQUIRED INFORMATION FOR NEW TUTORS:							
Date of Birth							
Race: Amer. Asian Black African Indian American Alaskan Native	Hispanic Native White Latino Hawaiian Pacific Islander						
Employer	Full-time Part-time						
Work Hours May we contact you at work? Yes No							
Where did you hear about our program?							
Please describe any personal qualities, special skills or interests that you would bring to your experience as a literacy volunteer.							
REFERENCES							
Name	Phone						
EDUCATION Please list the highest degree achieved and subject area.							
High School Diploma/GED	Associate Degree						
Vocational Certificate	Bachelor Degree						
Some college	Graduate Degree						

"This project was made possible by a grant awarded by the Illinois State Library (ISL), a division of the Office of Secretary of State, using state funds designated for literacy." The Highland Community College Adult Education program is an equal opportunity educator and employer.